

Department of Public Health  
and Human Services

FAMILY MEDICAID

**DRAFT**

Section:  
CHILD SUPPORT

Subject:  
Good Cause, TEAMS Procedure

**Supersedes:** FMA 902-2, 07/01/05

**References:** 42 CFR 433.147; ARM 37.82.101, .416

GENERAL RULE—Non-custodial parent(s) data, cooperation and good cause information regarding whether the applicant/recipient is cooperating with the Child Support Enforcement Division (CSED), is exempt from cooperating, or has good cause not to cooperate is collected on the **ABP** and **CSED** screens. This information is interfaced with CSED via SEARCHS.

The good cause fields on **ABP1** must be completed indicating whether the custodial parent/specified caretaker relative is cooperating with CSED, claiming good cause, and if good cause has been approved/denied and the circumstances of the claim.

## PROCEDURE

Field                      Description

**COOP**                      Select the Cooperation Code that represents case status.

Code

Circumstance

CO

Client is cooperating

EX

Exempt: no non-custodial parent (sperm donor); single parent adoption; or parental rights of both parents have been terminated

GC

Good Cause is claimed

NC

Client is not cooperating

PD

Pend for verification of Good Cause claim

PE

Pend for completion of HCS/CS-332.

If 'GC' is selected, the COOP code must be changed once good cause is either denied or approved. If approved, select the reason that represents the most significant circumstance for the good cause claim. This is necessary for federal reporting purposes.

Code

Circumstance

G1

Physical harm – child

Section: CHILD SUPPORT

Subject: Good Cause, TEAMS Procedure

G2	Emotional harm – child
G3	Physical harm – adult
G4	Emotional harm – adult
G5	Incest/rape
G6	Adoption before court
G7	Receiving adoption services

**CLAIM DATE** The date the applicant/recipient made the good cause claim.

**PEND DATE** Set an alert for 20 days from the claim date; benefits cannot be authorized until the claim procedure is completed.

**CORR** Select the reason that best describes the action upon which the determination was made.

<u>Code</u>	<u>Description</u>
CI	Valid corroborative evidence was obtained; further investigation was necessary.
CN	Valid corroborative evidence was obtained; further investigation was not necessary.
NC	No corroborative evidence was obtained.

**DET** Indicates the decision made by the county director/designee.

<u>Code</u>	<u>Description</u>
NV	Claim denied because it failed to meet qualifying criteria.
VN	Claim approved; CSED should not pursue support.
VP	Claim approved: CSED may pursue support.

**DET DATE** The date the county director/designee either approved or or denied the claim; must be made within 30 days of the date the claim is made.

**STATUS** Indicate if an applicant or a recipient made the claim.

<u>Code</u>	<u>Description</u>
AP	Applicant
RE	Recipient

**ASG** (On CSED screen) Indicate whether the PI (Primary Information Person) is cooperating or is exempt from Child Support eligibility criteria.

<u>Code</u>	<u>Description</u>
Y	Meets assignment requirement; has completed the HCS/CS-332, provided necessary documents if available OR has a valid claim of good cause which has been approved.
NE	Not exempt and not cooperating; refuses to or has not completed the HCS/CS-332 or has been cited by CSED for non-cooperation.
EX	Exempt; CSED cooperation is not a condition of eligibility for assistance - single parent adoption; no absent parent (sperm donor); or parental rights of both parents have been terminated.

**COOP** (On CSED screen) TEAMS will display a 'Y' or 'N'. TEAMS will determine the cooperation status based on the information entered on the ABP1 screen.

**NOTE:** If the good cause claim is approved, the HCS/CS-332's are NOT sent to CSED.

KQ

o O o